

NEBRASKA DEPARTMENT OF JUSTICE

Office of the Attorney General **Constituent Complaint Form**

Complaint Reported By:								
Name:				Date of I	Birth:	/	/	
Address:								
City:	State:		ZIP:		County:			
Email:		Phone:						
			1					
Complaint Reported Against:								
Name:								
Organization:		Title:						
Address:		1						
City:		State:						
ZIP:		County:						
		1						
Any action taken against you regard	☐ Arrest	☐ Convi	ction [Citation				
Any action taken against the subject	☐ Arrest	☐ Convi	ction 🗆	Citation				
Have you filed reports with any other agency regarding this matter? ☐ Yes ☐ No								
If yes, agency name(s) and date(s) contacted:								

Return Completed Form to:

Nebraska Attorney General's Office Attn: Director of Constituent Services 2115 State Capitol

Lincoln, Nebraska 68509-8920

Email: ago.info.help@nebraska.gov ● Fax: (402) 471-3297 ● Phone: (402) 471-2683

Describe the facts which have led to the filing of this complaint and include, if possible, exact date and locations of pertinent events. Please attempt to put it in chronological order. This complaint wis be photocopied. PLEASE PRINT or TYPE ALL INFORMATION. Use additional paper if needed:	
	_
	—
	—
	_
	—
	—
The information given above is true to the best of my knowledge and belief. I authorize the Nebraska Attorney General's Office, or its designate, to use this information given in any manner which is determined necessary.	′
Signature Date	